

# Appendix 3

## **Council governance discussion paper**

This paper has been drafted to assist the Council in its proposed workshop session for its meeting on July 5<sup>th</sup> 2007. Various topics relating to the governance of the Council have been identified as benefiting from further work and discussion from Council members. These have been divided up into four key areas: discussion topics A – D.

### **Discussion topic A: The size of the Council**

- A 'smaller and more board-like' Council
- Advantages and disadvantages of a smaller Council
- Number of Council members

### **Discussion topic B: The skills and experience of Council members**

- Generic or core skills required by all members of Council
- Specific skills required by some Council members
- Health Profession skills
- Executive on Council

### **Discussion topic C: Recruiting the new Council**

- Council member recruitment specification
- Advertisements
- Advertising media
- Appointment process

### **Discussion topic D: Committee membership**

- How to ensure good input from relevant areas into the Council's committees
- Non-Council committee members
- Committee membership

Each of these discussion topics is given a separate section in this paper, which identifies, where applicable

- Questions or issues that arise and which the Council members considering that topic may wish to look at in detail
- Previous work done by the Council
- Any key decision which, for reasons of timing, the Council is asked to make today.
- Other documents of note or particular interest

- Further work that the group may wish to request is done by the Executive

A national working group has been established by the Department of Health to take forward the recommendations of the White Paper in the area of governance. It is anticipated that decisions made by the Council in this area will be taken to this working group for discussion.

## **Discussion topic A**

### **The size of the Council**

#### **Background information**

The White Paper suggests that the Councils of professional regulators should become smaller and more board-like. The Council discussed the proposed size of the new Council at its meeting on 29 March 2007 and recommended to the Department of Health that it should be no more than 24 people.

Further discussion was undertaken at the workshop event on May 30<sup>th</sup>. There were differing opinions on the optimum size for the new Council, and no firm decision was reached. The notes of the previous workshop are appended.

It is suggested that today the group(s) discussing this topic should build on the previous discussions, adding more detail to the ideas previously considered, to move towards a Council decision on the recommended size.

The regulation of further professions by the Council, which would potentially further increase the number of Council members by at least ten members provides an additional impetus for a Council decision on this issue.

#### **Potential questions for discussion**

- What are the advantages and disadvantages of a smaller Council? (some suggestions are given below, which the group is welcome to debate, amend or add to)
- What is the optimum number of Council members required in order to fulfill the White Paper's requirement whilst still ensuring a good range of professional skills, competences, and expertise?

#### **Key decision for the workshop group(s)**

The Council is invited to recommend to the Department of Health an appropriate number of members for the new Council.

#### **Advantages of a smaller Council**

- Creates a framework for a more strategic Council
- Could improve Council dialogue and decision making
- Reduces the reliance on standing orders and protocol that are necessary for effective running of large meetings
- Reinforces the position that the Council is not a representative body
- Reflects the White paper recommendations
- Enables the Council to take on new professions without effecting the size of the Council
- Reduces costs
- Increases the time commitment of individual Council members, thereby increasing Council members' detailed knowledge of the organisation and its context.

**Disadvantages of a smaller Council**

- Breaks the straightforward link between the number of professions and Council members
- Profession-specific views or expertise from all the professions will not be available from Council members, but will have to be sought in alternative ways
- Registrants, and perhaps in particular professional bodies, may have concerns regarding the new structure
- Increases the time commitment of individual Council members, thereby restricting the people who feel able to commit to Council membership, and perhaps reducing the pool of candidates.

**Appendices – See agenda item 13 – enclosure 11**

- Notes from the workshop 30<sup>th</sup> May 2007.
- Letter from the DH re: regulation of healthcare scientists
- Enhancing Confidence in Healthcare Professional Regulators (a discussion paper from the Department of Health White Paper event on 5<sup>th</sup> June 2007).

17 May 2007

Dear colleague,

### **Regulation of Healthcare Scientists**

On 21 February 2007, the Government published the White Paper "Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century". This document sets out plans for the future direction of regulation of healthcare professionals and includes information on the Government's approach to the extension of regulation beyond those professions that are already regulated. The White Paper sets out a significant programme of work to implement the proposals, including the intention to introduce primary and secondary legislation. The precise implementation plan will be finalised following an inclusive stakeholder conference on June 5 but it is clear that the timings for the regulation of healthcare scientists (HCS) will now need to take account of the overall implementation timetable.

In addition, the Department has initiated work to ensure that education and training at both pre and post registration levels are linked to a career structure in a model of provision that is both affordable and sustainable.

The Department of Health met recently with members of the aspirant HCS groups to discuss the effect on the regulation of the following professionals:

Clinical technologists  
Clinical perfusion scientists  
Clinical physiologists  
Clinical photographers  
Maxillofacial prosthetic technologists.

Healthcare scientists remain a priority for the introduction of statutory regulation. However, for the reasons set out above, this is now not likely to take place before 2009. In the meantime, it is important that the infrastructure supporting registration arrangements remains in place and that practitioners continue to be held on voluntary registers in the interests of public protection.

Whilst this may seem disappointing in terms of the timescales, there is much to be done in preparation. As well as undertaking the modernisation of healthcare scientist pre-registration education and training, the following steps need to be undertaken to accommodate the opening of a statutory register:

- Publication of a draft Section 60 Order and public consultation document – 3 months
- Report on consultation – 2 months
- Amended Section 60 Order goes through Scottish and English Parliaments – 1 month
- Royal Assent – 1 month
- HPC administration and move of registers – 2 months
- Opening of new part of the register.

It is important to note that these timings are not all fixed and there are a number of factors that may have an impact on timescales, including the availability of Departmental lawyers and Parliamentary time.

It is our intention, in due course, to send a statement explaining the situation to the NHS, so that Strategic Health Authorities and provider organisations are aware of the change in timescales. We will also highlight the importance of staff delivering services in the areas outlined above being on the appropriate voluntary registers. We will of course copy you into this communication.

Yours sincerely



Professor Sue Hill  
Chief Scientific Officer



Nick Clarke  
Head of Health and Social Care Regulation

**Discussion Paper for Breakout Session:  
Enhancing Confidence in Healthcare Professional Regulators**

**1. Background**

All the bodies that regulate healthcare professions are governed by Councils that guide and oversee the administration of their policies and their procedures. Patients, the public and health professions need to be able to take it for granted that these Councils carry out their functions dispassionately and without undue regard to any one particular interest, pressure or influence. Doubts based on perceived partiality have threatened to undermine this trust in a number of the regulators over the years.

To ensure professional and public confidence is regained, all the stakeholders need stronger assurance of the independence of Councils. To achieve this, Councils should be constituted to ensure that professionals do not form a majority and that all members, both lay and professional, are appointed rather than elected.

In addition, Councils should take a strategic rather than operational view with the aim of assuring excellence in delivery of their functions in the long term. To achieve this, Councils will need to be smaller shifting away from a model of large representative bodies that seek to include all possible professional, clinical, trades union, lay, educational, employer and geographical interests within them.

*The White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century* set out a number of recommendations to achieve these aims:

- the reconstitution of councils with parity of membership as a minimum
- for the regulators that adopt parity rather than lay majorities, the putting in place of alternative packages of measures to demonstrate their impartiality
- the appointment of all members of all Councils independently by the Appointments Commission against clearly specified criteria and competencies
- councils moving to a more consistent and smaller size that enables them to function more effectively as Boards for their organisations, with a statutory duty to ensure that the interests of all its stakeholders are considered in its deliberations

## DISCUSSION PAPER ONLY

A national working group will be established to take forward these recommendations. This paper presents the initial thinking for the scope of this working group. We would like to use this breakout session to test these ideas with you. Your contributions and answers to the key questions in bold under each section will be used to help shape the agenda and representation of this group ahead of its first meeting.

### 2. Draft Terms of Reference

To consider the recommendations in *Trust, Assurance and Safety* that will enhance public confidence in the healthcare professional regulators. In particular, the group should consider and make recommendations on

- the strategic role of councils
- measures to demonstrate to the public, patients and parliament the councils commitment to conducting their responsibilities in a manner that commands public confidence
- how to ensure that the interests of all stakeholders are considered in council deliberations
- the size and composition of the councils
- the role of the council committees
- job and person specifications for council members
- ensure equity and diversity issues are fully considered in all workstreams.

The Group will also consider and make recommendations on the similar changes proposed for CHRE where these changes have not already been agreed.

The group will liaise as necessary with other working groups and establish its own sub-groups where it thinks fit to examine detailed matters.

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|--|
| <p><b>Q. Are these objectives clear and do they reflect the aims of the recommendations within the White Paper?</b></p> <p><b>Q. What do you see as the key risks and challenges in delivering these objectives?</b></p> |
|--|

### 3. Tasks, outputs and timing

#### Key Outputs:

Final report by 31<sup>st</sup> October 2007 in order to provide advice ahead of debates on secondary legislation (Section 60 Orders) and also constitution orders.

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|---|
| <p><b>Q. What are the particular challenges associated with these outputs and timescales?</b></p> |
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## DISCUSSION PAPER ONLY

### 4. Contributing Projects

- Pharmacy Regulation and Leadership Oversight Group ( partnership between government and the pharmacy profession). The primary purpose of this group is to ensure:
  - a cost effective approach, together with rigorous and robust performance management in the maintenance of the pharmacy regulation functions and the creation of the General Pharmaceutical Council
  - that a Royal College is fit for purpose to complement the responsibilities of GPhC.

**Q. What additional initiatives from across the healthcare sector would further contribute to the aims and objectives of this working group?**

### 5. Working Group Membership and Roles

#### *Specific roles*

Chair	Niall Dickson, CE of King's Fund
DH Lead	Nick Clarke (Professional Regulation)
DH Policy	Stephen Arthur (Professional Regulation)

#### *Proposed representation*

Sectors	Organisations
Health and other government departments	
National bodies and expert resources	
Professional associations & representative bodies	
NHS and other health care bodies	
Patient and public interest groups	

**Q. Which organisations would contribute to the outputs of this working group and should therefore be represented?**

**Q. Does the balance of representation adequately reflect the differing interests involved?**

We will contact the appropriate organisations soon after the event for their nominations to the Working Group. The first formal meeting of the Working Group will take place in June / July 2007.

## **Discussion Topic B**

### **The skills and experience of Council members**

#### **Background information**

Moving to an entirely appointed Council provides the opportunity to do more detailed work on what makes a good Council member, in order to feed this into the appointments process.

There is also significant opportunity to learn from work already undertaken in this area, both by HPC, and also by external organisations (work undertaken by Skills for Justice on governance has particularly been highlighted, and is appended).

This topic has already been discussed by a group at the Council's workshop on 30<sup>th</sup> May (the notes of which are appended) and it is intended that today's workshop should build on the previous discussions, adding more detail to the ideas previously considered.

#### **Questions for discussion**

- Is ensuring Council members from a range of professions important to ensure that the Council works effectively, and is seen to be working effectively?
- How should members of the Council from the health professions regulated by HPC be recruited? (more information on a five different models is provided below)
- What generic skills are required for all Council members? (see suggestions below)
- What specific skills may the Council wish to highlight as desirable? (see suggestions below)
- Should members of the Executive (eg: the Chief Executive) sit on the Council?

#### **Key decision for the workshop group(s)**

The Council is invited to recommend a way forward for the recruitment of registrant members of Council.

#### **Recruiting registrant members of Council**

Currently each professional regulated by the HPC has a Council member. Even if the size of the Council stayed the same as the present, the addition of new profession such as psychologists and hearing aid dispensers will mean that in the future this will not be possible.

- **1. No criteria**

Candidates appointed irrespective of profession, based solely on how they meet the person specification. This would be the simplest model to implement, but carries with it a potential risk of recruiting a Council whose professional members are largely from one profession, which could cause frustration amongst other professions.

- **2. Limit on numbers from each profession**

As above, but with the addition of a limit of no more than, say, one registrant member from each profession. The benefits of this approach are that it ensures a range of different professions form part of the Council.

- **3. Allocate the professions into similar skilled groups**

For example, the biomedical scientists, clinical scientists and healthcare scientists (when regulated) could be placed in one group, from which applications would be invited, and a pre-determined number of Council members selected. This would ensure that not only are a range of different professions on the Council, but also that the Council is made up of a range of different kinds of professionals. The disadvantages to this approach (which has been considered previously during the Council's earlier discussions on Council structure) are the difficulties inherent in grouping the professions together in a way that the professions themselves will recognise as being useful and meaningful.

- **4. Allocate the professions into groups with similar number of registrants**

Allocate professions into groups with similar number of registrants in each group, and then recruit a pre-determined number of Council members from each group (for example, the physiotherapists, occupational therapists, and radiographers, as the three largest professions on the Council, could form one group) This approach could help to combat the concern that the larger professions could become 'dominant' in the new Council structure.

- **5. Allocate the professions using a professional spectrum model**

The professions regulated by HPC could be placed on a continuum of practice, from technical to psychological interventions (see Appendix 1) The appointments process, and the selection of Council members could aim to ensure a good spread of professions from across this continuum.

### **Generic skills required by all members of council**

Typically the recruitment process for non-executive members of governing bodies set out the core skills required from all members. These may include:

- non-executive experience;
- the ability to deal with complex, difficult discussions with commitment and diplomacy;
- the ability to deal effectively with governance and other governing body management issues
- experience of strategic planning and risk management
- strategic expertise, setting and monitoring strategy
- Communication, influencing and negotiating skills
- Reputation among peers

## **Specific skills / areas of expertise or experience that may be required by some Council members**

Expertise in one or more specific areas which could include:  
finance, audit, higher education, PR, HR, management, consumerism, legal expertise, etc.

## **The Executive and the Council**

Some potential advantages and disadvantages of the Executive having a place on the Council are outlined below:

### **Advantages**

- Shared responsibility for the organisation between the Council and the Executive.
- Operational input embedded into Council's decision-making structures

### **Disadvantages**

- Significant changes to legislation required, which currently makes clear the complementary roles of the Council, the Registrar, and the Executive (for example, the Registrar's role in making allegations where appropriate, or the stipulation that employees cannot be Council members)
- This is not the intention of the White Paper, which clearly recommends that the Chief Exec of CHRE should sit on the CHRE Council, but does not make this recommendation for the regulators.
- No other health professional regulator currently adopts this model, and the move in the White Paper is towards common governance structures rather than regulator-specific arrangements.
- Which member(s) of the Executive should sit on the Council?
- The Executive would take up a place on the new, smaller Council which would result in fewer places for lay members of Council.

## **Appendices**

The results of the Council's skills audit – Appendix 1

The 'professional spectrum' diagram – Appendix 2

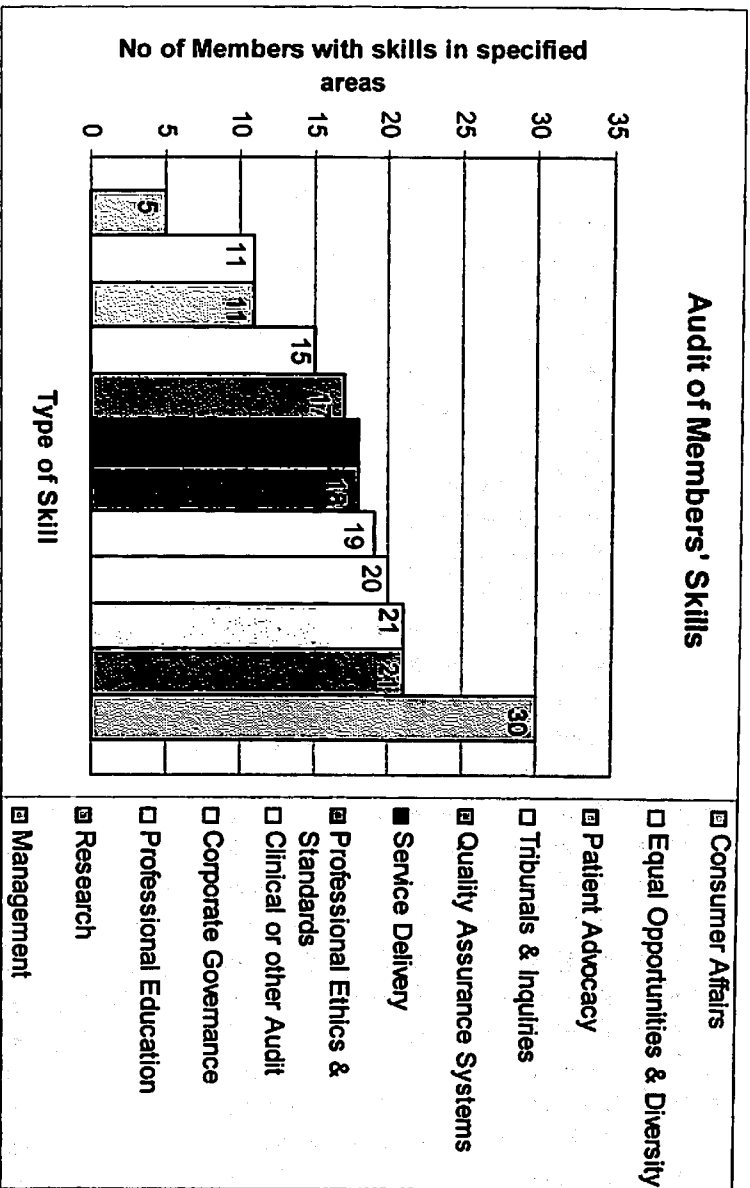
Notes from the Council's workshop on May 30<sup>th</sup> on Council skills (See agenda item 13 – enclosure 11)

Skills for Justice document – Appendix 3

## **Additional work that may be required**

The Council may wish to ask the Executive to undertake additional work on any of the topics identified above, and to bring back further information to its meeting in October.

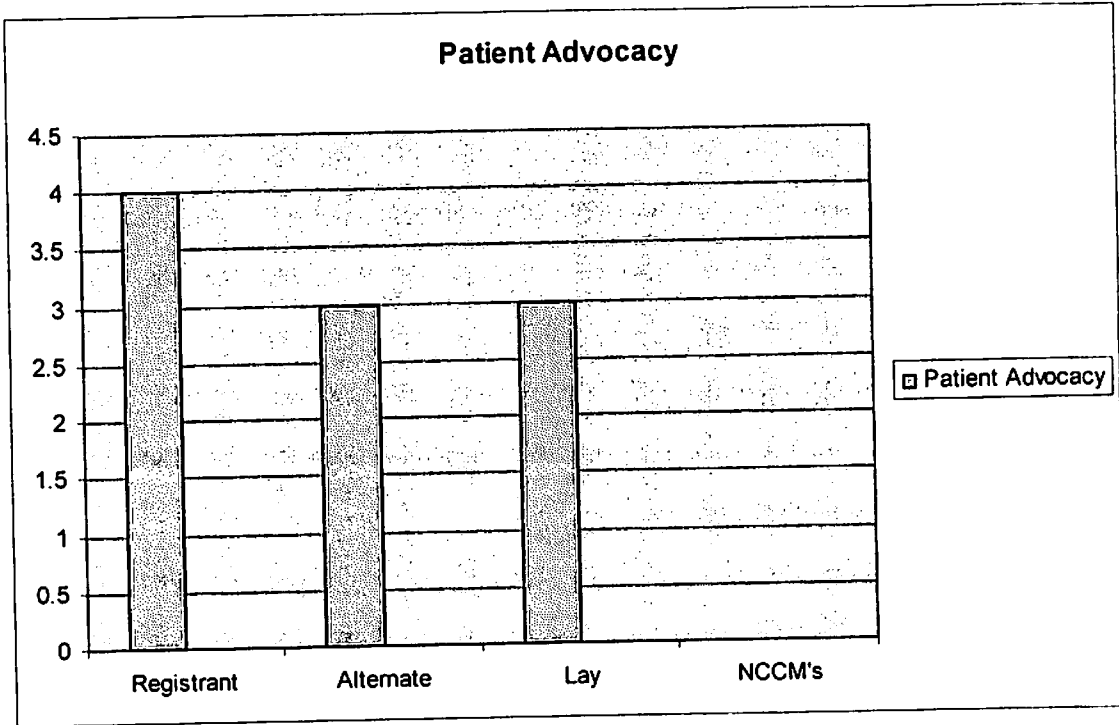
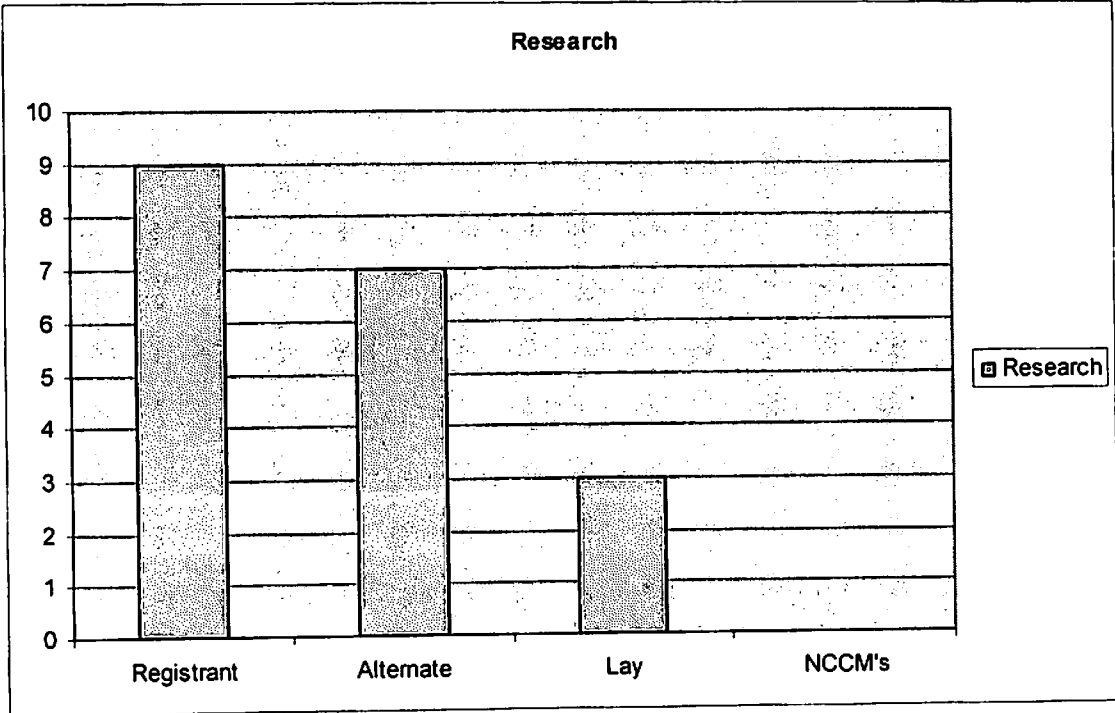
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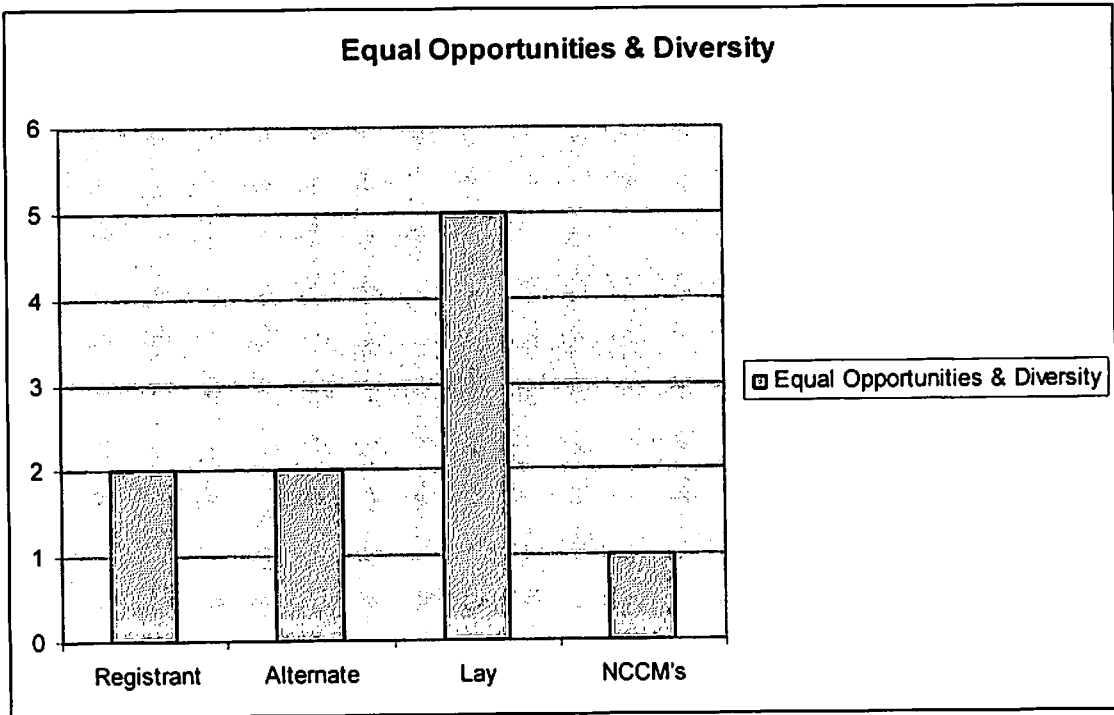
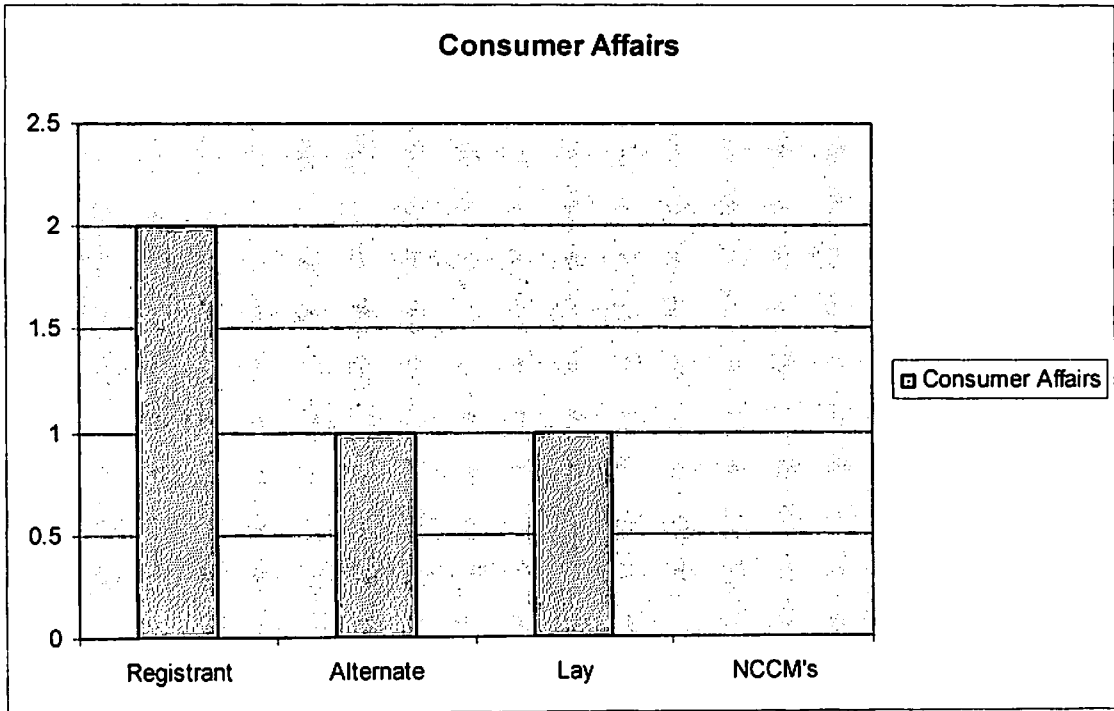


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 Dept/Cmte: SEC  
 Doc Type: PPR  
 Title: Audit of Members Skills

Status: Final  
 DD: None

Int. Aud: Public  
 RD: None





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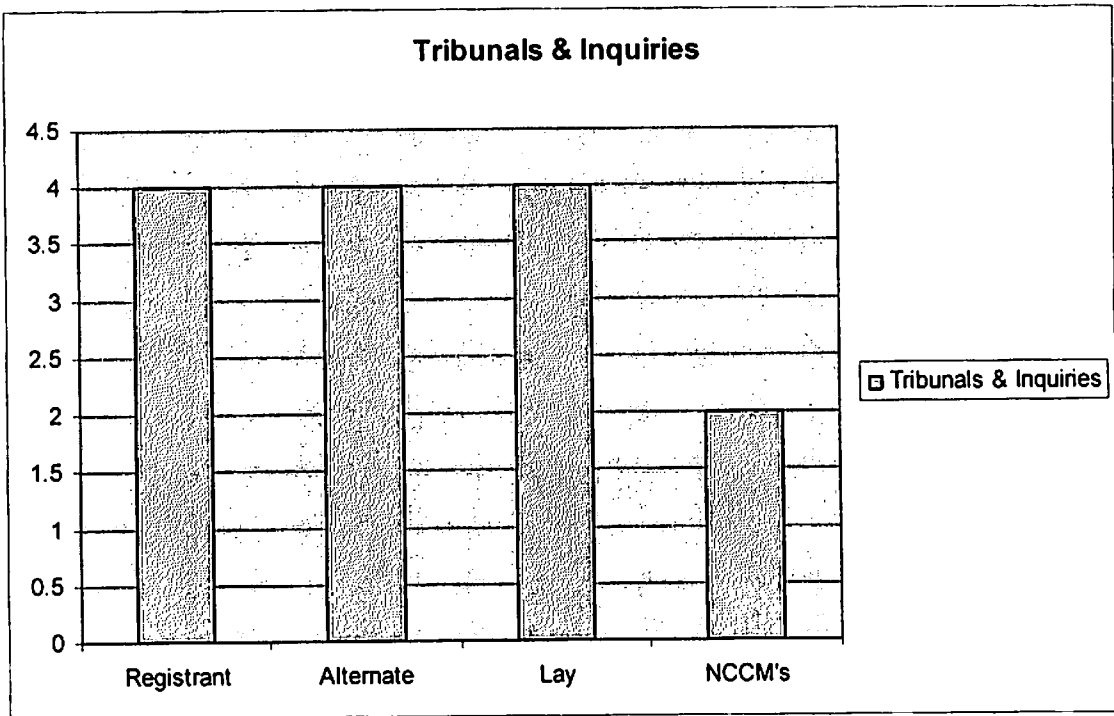
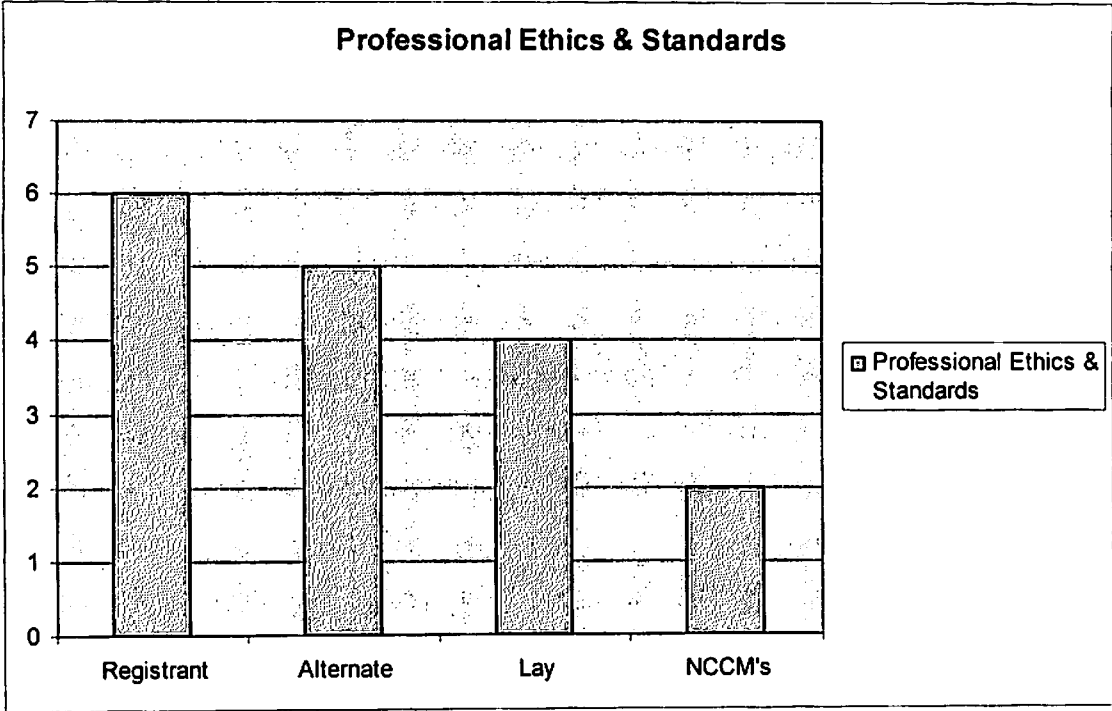
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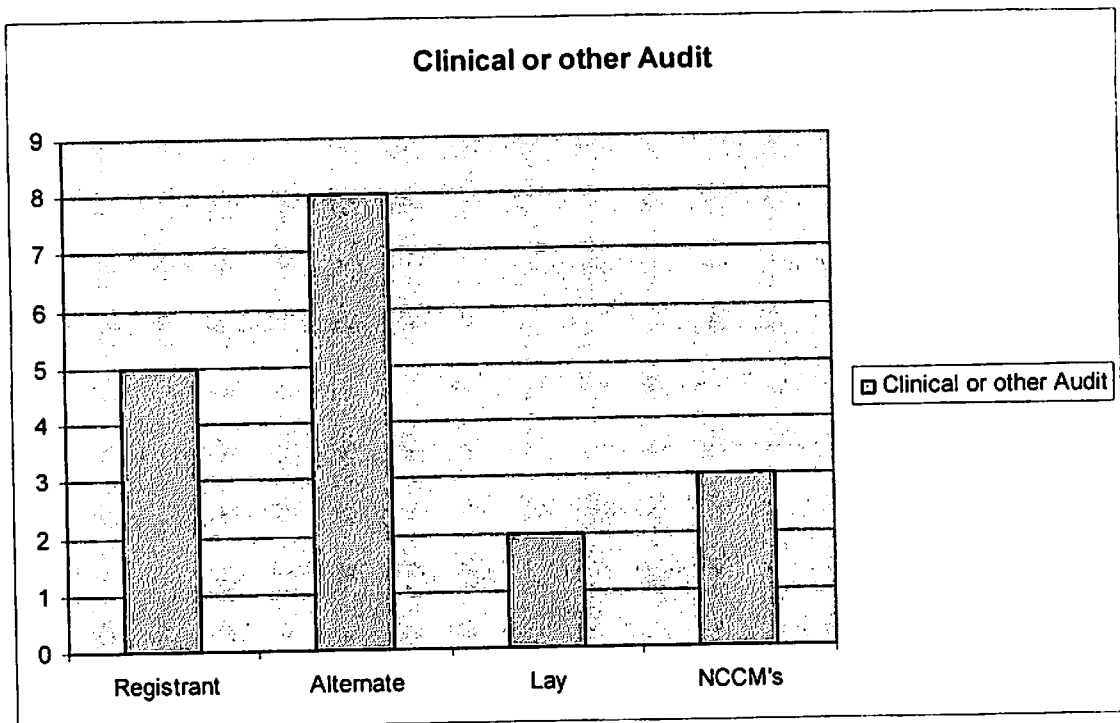
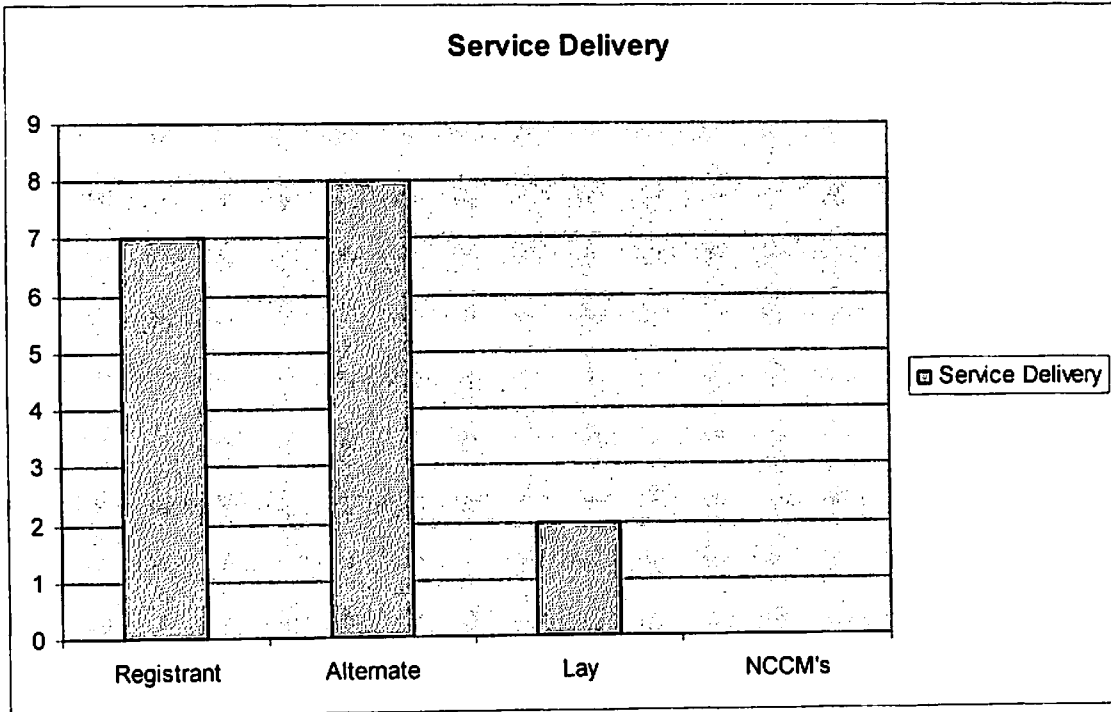
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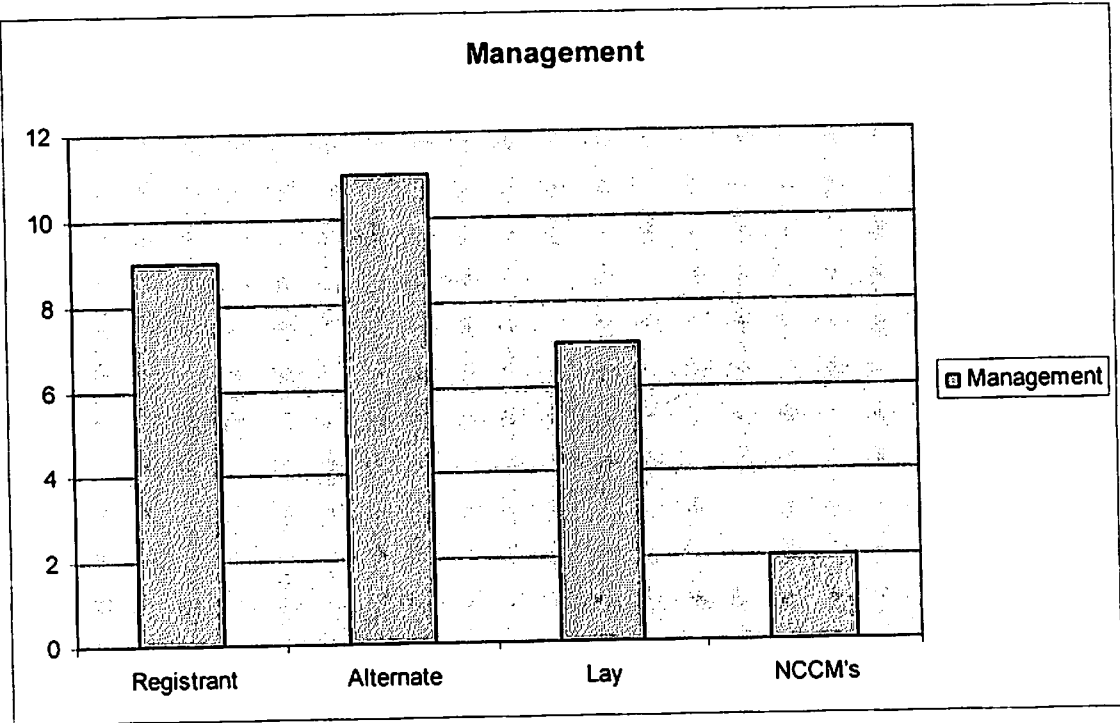
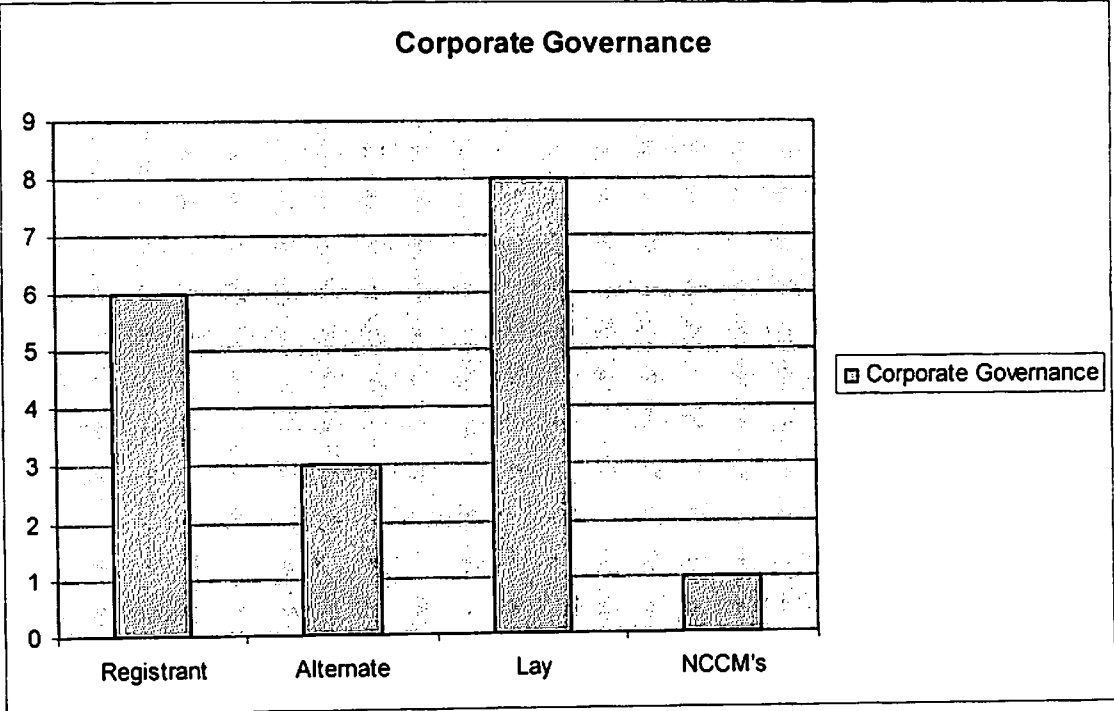
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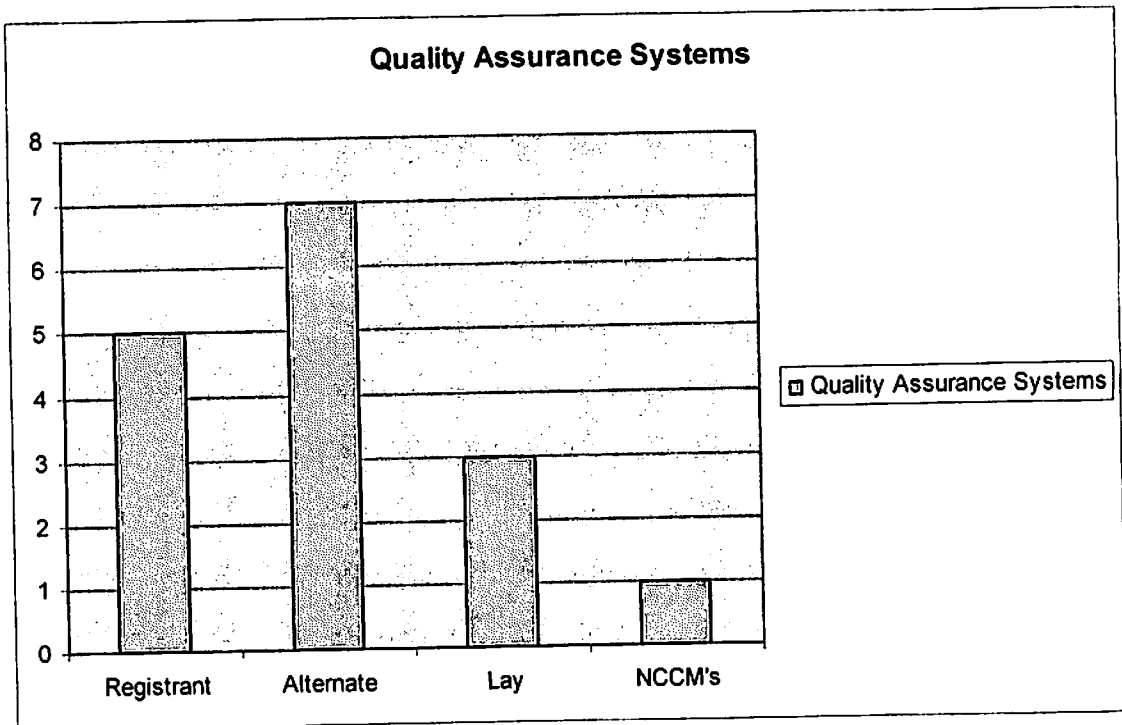
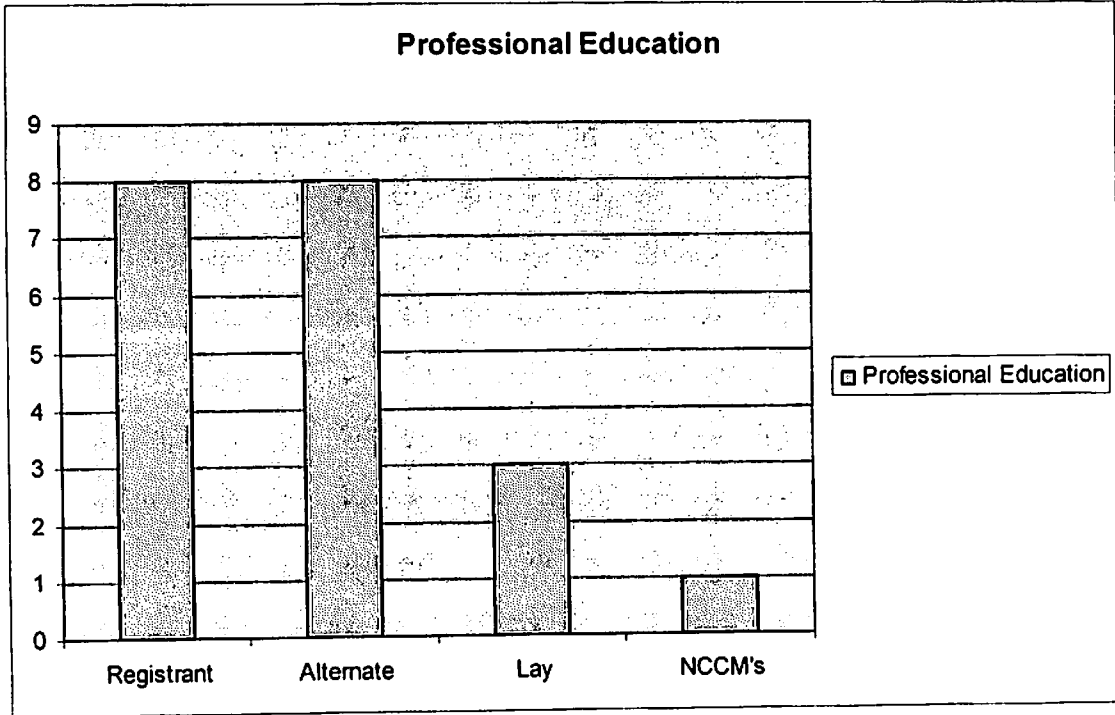
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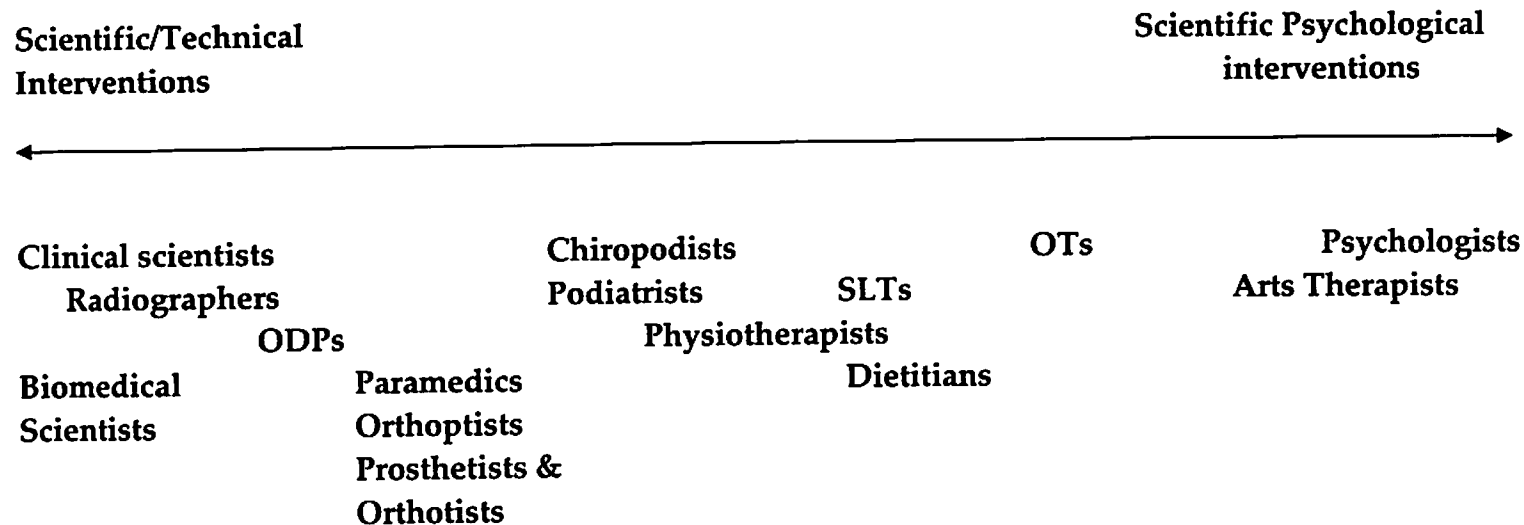
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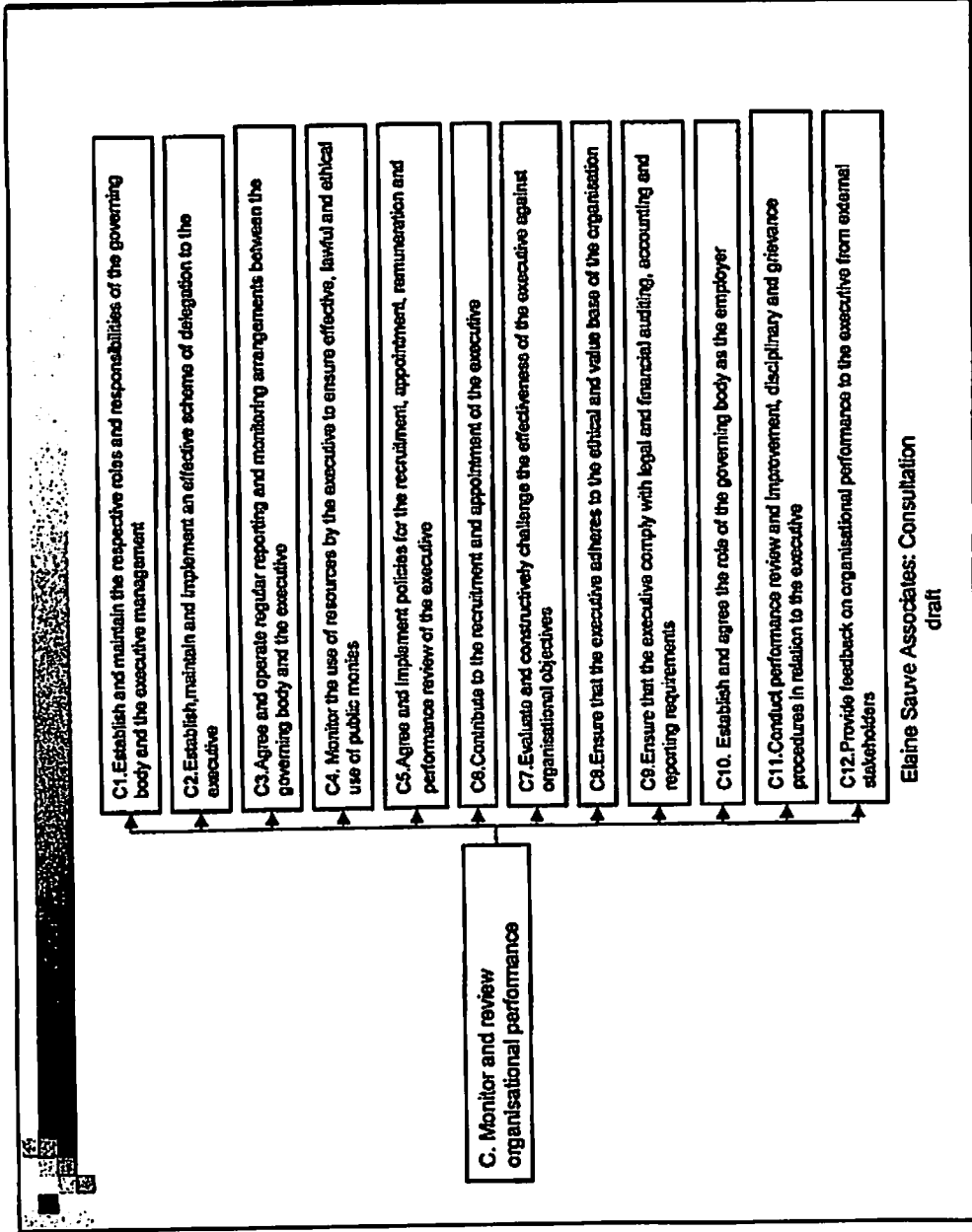


## Appendix 2

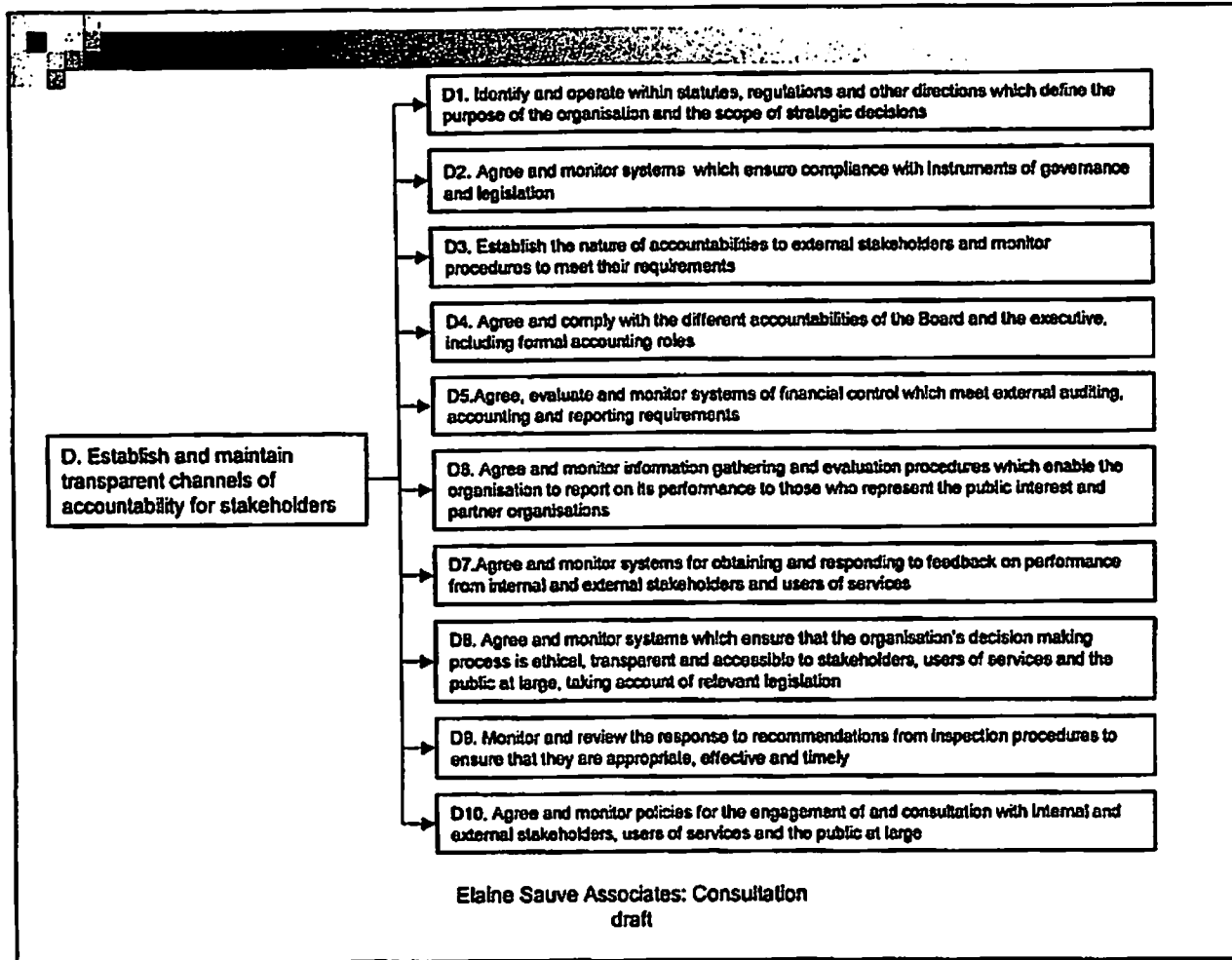
### A multi professional model for governance involving the professions

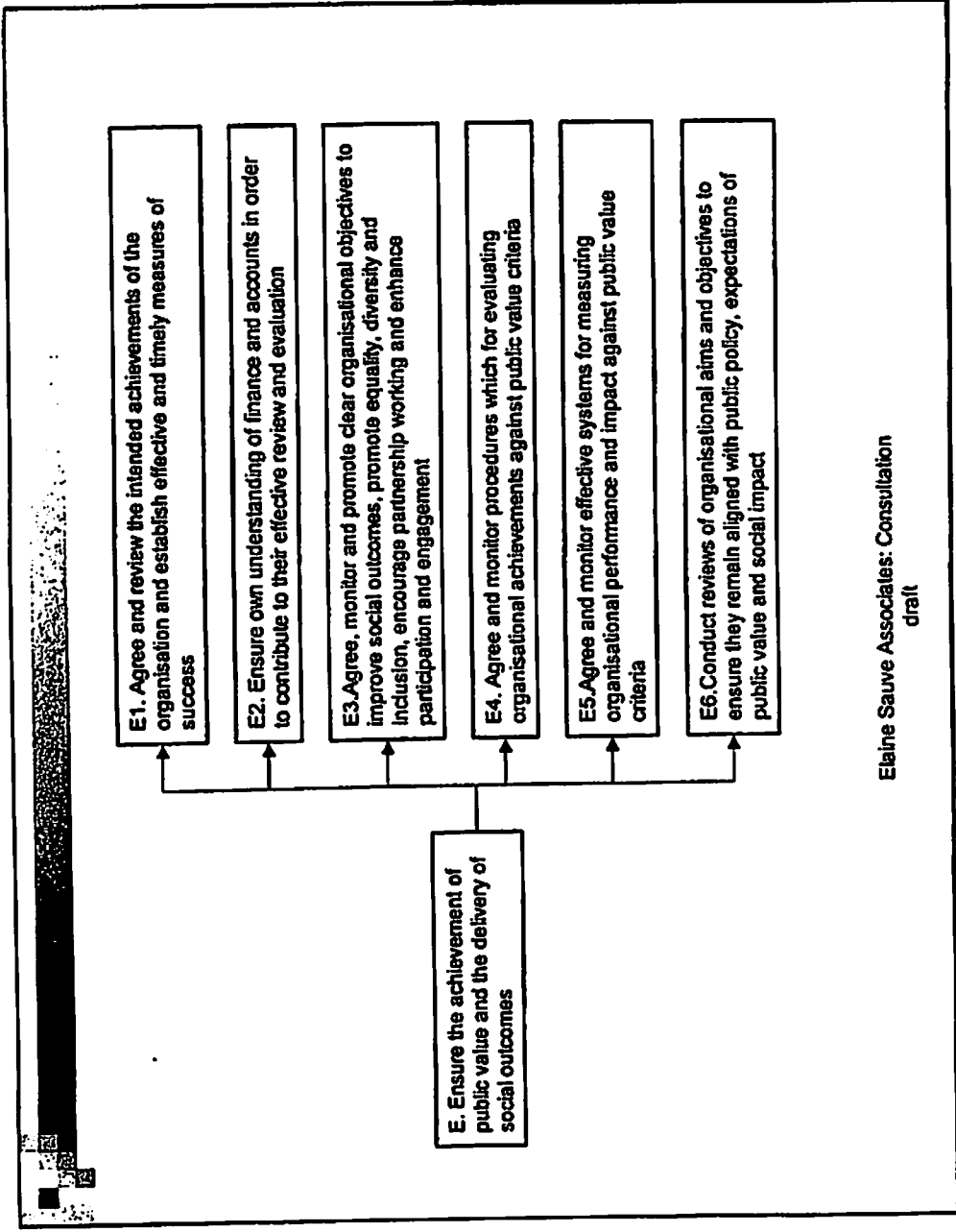


The appointments process would need to ensure that there was a balance of professions from both ends of this Spectrum. This would ensure that the governance of HPC had Council members with a knowledge spanning the Technical versus psychologically based approaches. This model could also take account of the range of client groups served by the professions ( children and young people, adults, older people with long term conditions, etc) which would be more relevant for some professions than others, but nevertheless important in terms of knowledge of professional practice.

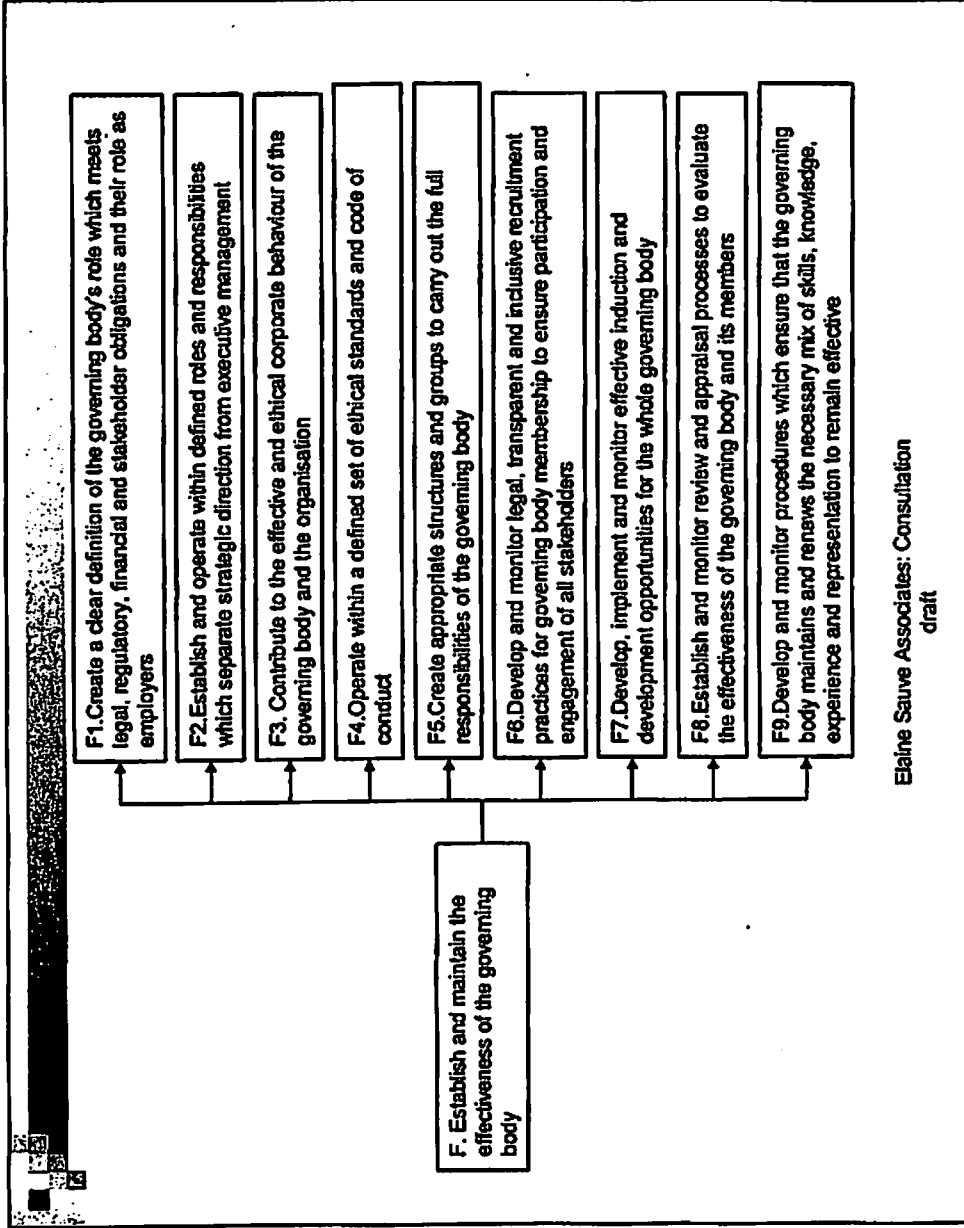


Elaine Sauve Associates: Consultation  
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## **Governance of Public Sector Services – Skills and Personal Attributes of Board Members**

### **Introduction**

At the initial meeting of the Project Group to develop National Occupational Standards (NOS) for Governance of Public Sector Services, members suggested that a key aspect of the development was to identify the skills and personal attributes deemed essential for Board Members. This preliminary list has been derived from the discussions and the initial meeting and suggestions from individual members of the Group.

In the further development of the NOS, the skills and personal attributes can be included in a number of ways. These include:

- A separate list to be submitted in conjunction with the NOS. This has the potential of allowing some of the skills/attributes to be lost in the implementation process
- A mapping of the NOS to ensure that all the skills/attributes are embedded as a formal statement within the NOS. The skills/attributes would then be applied to the relevant National Occupational Standard

It is proposed that the second option should be adopted as the development of NOS for Governance of Public Sector Services proceeds.

### **Skills**

#### **Communication skills**

Board members should be able to:

- Communicate complex issues effectively to a range of people
- Address groups of people (public speaking)
- Make effective presentations
- Ask pertinent questions (appropriate to the situation and that will elicit appropriate responses)
- Identify, evaluate and respond to the views of individuals and groups
- Articulate and summarise the views of others
- Represent other people or the wider community
- Use effective listening skills and absorb complex concepts

#### **Interpersonal skills**

Board members should be able to:

- Develop effective working relationships
- Build rapport with others
- Develop appropriate professional relationships
- Build an environment of trust
- Respect other views and approaches
- Assess people and situations accurately
- Act assertively

- Challenge constructively
- Manage minority views and disagreement within groups or between individuals
- Network with others
- Work effectively as part of a team
- Influence others
- Give constructive feedback

### **Strategic decision making skills**

Board members should demonstrate an ability to:

- Read, abstract and critically assess required information from relevant documents
- Understand the different factors that influence decision making
- Think creatively and strategically
- Identify and balance priorities
- Identify themes and implications
- Understand and direct change
- Think systemically and contextually
- Use foresight and apply it to strategic forward planning and risk assessment
- Recognise and overcome difficulties and ambiguities caused by incomplete data

### **Personal Attributes**

Board members should possess or develop the following attributes:

An ability to acquire:

- Knowledge of the public policy environment and awareness of politically sensitive issues
- Knowledge and understanding of the implications and duties of being a board member
- Understanding of how the size and scope of an organisation affects the decisions that have to be taken
- Understanding of the business of the organisation and how it impacts on/is impacted on by environment factors
- Understanding of the common approach of the Board to its work
- Understanding of how to maintain personal independent thinking about issues

Be:

- Willing to undertake relevant duties as agreed by the Board
- Open to change
- Self-aware
- Able to apply sound judgement
- Committed to equality of opportunity and diversity
- Prepared to personally commit to the value base
- Willing to recognise and accept corporate decisions

## **Discussion topic C**

### **Recruiting the new Council**

#### **Background information**

The White Paper states that in the future all Council members should be appointed (rather than the current system where professional members are elected by registrants)

This discussion topic has been constructed to allow the Council to debate issues around how to move from the current structure to the new one, and how individuals who can usefully contribute to the effective running of Council can be encouraged to apply.

#### **Key decision for the workshop group(s)**

The Council is invited to recommend transitional arrangements for moving from the current Council make-up to its future structure.

#### **Questions for discussion**

- How might the Council move towards its future structure? (notes on two different approaches are given below)
- How can the Council's advertisements attract applicants with appropriate skills and experience to apply?
- What kind of advertising strategy could help to achieve this?

#### **Appointments Process: 'Big Bang' versus 'rolling introduction'**

There are two different processes that could be used to appoint members to the new Council. They are as follows:

##### **Big Bang**

On 1<sup>st</sup> April 2008, or the date the Constitution order comes into effect, all Council members are appointed at the same time with a quarter of members being appointed for either one, two, three or four years. The advertising and appointment of members would begin several months prior to this date to ensure that the new Council was in place.

##### **Rolling Introduction**

No new appointments are made to Council until July 2008. Then as they arise vacancies are filled using the new process.

Some potential advantages to each of the two processes are outlined below:

##### **Big Bang**

- Positive step of moving to immediately implement the White Paper's recommendations
- Straightforward and simple to communicate to stakeholders
- All existing Council members have the same opportunity of re-applying for a position on the new Council, if they wish to do so.

### **Rolling Introduction**

- Council continues to benefit from experience of existing members, ensuring good corporate memory
- Gradual and measured change
- Cost of gaining new members is spread over several years

### **Additional work that may be required.**

The Council may wish to ask the Executive to undertake additional work on any of the topics identified above, and to bring back further information to its meeting in October.

The Council may wish to ask the Executive to meet with the Appointments Commission to find out more information about how the process for appointing all Council members would be managed.

### **Appendices**

- HPC/Appointments Commission current Lay Council members advertisement - Appendix 1
- HPC current Council member specification – Appendix 2

## **Discussion topic D**

### **Committee membership**

#### **Background information**

Currently the Health Professions Order 2001 makes provision for four statutory committees which includes the Education and Training Committee and three Fitness to Practise Committees. These committees are largely made up of members of Council, with certain non-Council committee members where particular expertise is required, in some cases specifically by the Order or rules.

In order to ensure good corporate governance the Council has also put in place a Finance and Resources Committee, an Audit Committee and a Communications Committee.

In May 2007 the Council agreed that the three Practice Committees should meet twice a year as a Fitness to Practise Forum, where issues common to all three committees could be considered jointly in the morning, followed by separate committee meetings for ratification of decisions as appropriate.

The Council has also put in place a system whereby professional liaison groups (PLGs) can be established at its instigation to undertake specific project-based work within an agreed timescale

#### **Questions for discussion**

- Should future committee structures have more 'non Council committee members'?
- Should committees always be chaired by a Council member?
- What specific experience or expertise might be required for particular committees (eg: Audit, the practice committees, the Education and Training committee)
- How might the Education and Training Committee be structured, to ensure good professional input into decisions on standards and education?

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#### **Appendices**

The current make-up of the Council's statutory and non-statutory Committees –  
Appendix 1

## **Discussion topic C**

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- How can the Council's advertisements attract applicants with appropriate skills and experience to apply?
- What kind of advertising strategy could help to achieve this?

#### **Appointments Process: 'Big Bang' versus 'rolling introduction'**

There are two different processes that could be used to appoint members to the new Council. They are as follows:

##### **Big Bang**

On 1<sup>st</sup> April 2008, or the date the Constitution order comes into effect, all Council members are appointed at the same time with a quarter of members being appointed for either one, two, three or four years. The advertising and appointment of members would begin several months prior to this date to ensure that the new Council was in place.

##### **Rolling Introduction**

No new appointments are made to Council until July 2008. Then as they arise vacancies are filled using the new process.

Some potential advantages to each of the two processes are outlined below:

##### **Big Bang**

- Positive step of moving to immediately implement the White Paper's recommendations
- Straightforward and simple to communicate to stakeholders

- All existing Council members have the same opportunity of re-applying for a position on the new Council, if they wish to do so.

#### **Rolling Introduction**

- Council continues to benefit from experience of existing members, ensuring good corporate memory
- Gradual and measured change
- Cost of gaining new members is spread over several years

#### **Additional work that may be required.**

The Council may wish to ask the Executive to undertake additional work on any of the topics identified above, and to bring back further information to its meeting in October.

The Council may wish to ask the Executive to meet with the Appointments Commission to find out more information about how the process for appointing all Council members would be managed.

#### **Appendices**

- HPC/Appointments Commission current Lay Council members advertisement -Appendix 1
- HPC current Council member specification – Appendix 2



## Health Professions Council – Lay Council Member

### The body

The Health Professions Council (HPC) is a statutory regulator whose job is to protect the health and wellbeing of people who use the services of the 170,000 healthcare professionals it regulates. Full details of the HPC can be found on the Council's website [www.hpc-uk.org](http://www.hpc-uk.org).

### The post

The HPC is seeking to appoint a lay member to the Council. Council members play a key role in setting policy and ensuring that the HPC fulfils its statutory duties.

The Council normally meets in London. Members are expected to commit to approximately 25 days per year to Council duties. A daily fee of £300 plus expenses is payable. The appointment is for 4 years in the first instance

### The person

The successful candidate must be a qualified accountant and have significant experience at board level or equivalent. A demonstrable commitment to the seven principles of public life is required.

### How to apply

The appointment process is being undertaken on behalf of the Health Professions Council by the NHS Appointments Commission. If you think you have the qualities we require and want to apply for a post, please call 0870 240 3802 during office hours or go to [www.appointments.org.uk](http://www.appointments.org.uk) quoting reference **DH6030**, for an information pack and application form, (which are also available in large type or Braille or on tape).

**The closing date for returning applications is 23 June 2006. Interviews will be conducted in London.**

*The NHS Appointments Commission is committed to equality of opportunity for all and the principle of appointment based on merit following an open and transparent process and independent assessment.*

**NHS**  
**Appointments**  
**Commission**





## **The appointment of a lay member**

### ***Information pack for applicants***

The closing date for receipt of applications for this post is

**23 June 2006**

Electronic versions of this information pack are available from  
[www.appointments.org.uk](http://www.appointments.org.uk)

Recruitment Services  
NHS Appointments Commission  
Blenheim House  
West One  
Duncombe Street  
Leeds  
LS1 4PL  
Tel: 0870 240 3802  
Email: [info@apcomm.nhs.uk](mailto:info@apcomm.nhs.uk)



**Please quote Ref DH6030 in all correspondence**

## **Contents:**

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### **About the Health Professions Council**

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#### **About the post**

##### **Lay member of the Health Professions Council**

- **Qualities Required**
  - **Duties and Role**
- 

### **Applying for a post through the NHS Appointments Commission**

#### **About the NHS Appointments Commission**

#### **How we will handle your application**

#### **Guidance on completion of the application form**

#### **Dealing with your concerns**

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### **Also attached**

#### **Copy of advert**

#### **Application form**

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# **About the Health Professions Council**

## **Profile of the HPC**

The Healthcare Professions Council (HPC) was established in April 2002 in place of the Council for Professions Supplementary to Medicine (CPSM). The HPC maintains a register of health professionals who meet its standards for training, professional skills, behaviour and health. Currently, the HPC regulates 13 health professions. These are: arts therapists; biomedical scientists; chiropodists/podiatrists; clinical scientists; dietitians; occupational therapists; operating department practitioners; orthoptists; paramedics; physiotherapists; prosthetists and orthotists; radiographers; speech and language therapists. There will be scope to add other groups as they become ready for regulation.

## **Council members**

Currently the Council consists of 26 members, made up of one representative from each of the professions regulated (registrant members) (plus 13 alternate members who attend only if the registrant member for that profession is unavailable), 13 lay members and a President. The HPC Order requires there to be a registrant or alternate member and a lay member from each of the home countries of the UK.

The professional representatives are elected by their fellow registrants. The authority to appoint lay members has been delegated by the Privy Council to the NHS Appointments Commission. The President and Vice President are elected from amongst the Council members and hold office until they have to stand down and seek re-election or re-appointment as a Council member (usually for a period of 4 years.) The process for the election of the President and Vice President usually takes place at the July meetings of the Council.

## **Vacancies, interviews and anticipated start dates**

The HPC has a vacancy for a lay member with financial experience.

Interviews will be conducted in London

Successful candidates who are not immediately allocated to a post at the HPC will be given the opportunity to add their names to a reserve list for consideration for appointment to other Councils which may arise over the next 12 months.

## LAY MEMBERS – QUALITIES REQUIRED

Candidates will need to demonstrate that they have the necessary experience, and will need to show that they:

- are able to gain respect through a personal empowering style supported by effective communication and influencing skills
- have experience of working with others to develop practical but ambitious plans
- Are enthusiastic about improvement and believe that change is possible

With experience of at least one of the following:

Service delivery	Corporate Governance
Management	Equal Opportunities and diversity
Clinical or other audit	Professional ethics and standards
Professional education	Research
Consumer affairs	Patient advocacy
Quality assurance systems	Tribunals and inquiries

### In Addition:

The successful candidate must hold an accounting qualification and have experience at board level.

## COMPETENCIES

Candidates who are short listed for interview will need to demonstrate they have the competencies required to be effective in this role

They are:

<b>Team working</b>	Be able to build constructive relationships and work effectively in a team of people and be able to let others take on the operational work
<b>Holding to account</b>	Be tough enough to hold others to account for their own performance but realistic enough to accept being held to account for your own performance
<b>Intellectual flexibility</b>	Be a sharp and clear thinker who can weigh-up other people's ideas and have ideas of your own
<b>Self belief and drive</b>	Be willing to accept a challenge and prepared to stand up for your views
<b>Patient Focus</b>	Demonstrate a high level of commitment to patients/clients and their expectations of Health Professionals

## **Other requirements for lay membership**

- The Government will not appoint a person as a lay member of the Council if they have ever been a member of the profession(s) regulated by that Council
- Council members are expected to indicate their acceptance of the Nolan principles of public life:- Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership

## **Location**

The Council normally meets in London.

## **Training**

Appropriate training for new members will be provided.

## **Time commitment**

Council members will be required to spend approximately 25 days per annum on Health Professions Council business

## **Remuneration**

- Council members are paid an attendance allowance or loss of earnings of £300 per day.
- Council members are also eligible to claim allowances for travel and subsistence costs necessarily incurred on Council business.

## **Appointment and Tenure of Office**

- Members are appointed for an initial period of 4 years.
- Appointments can be renewable at the end of the first period of office subject to satisfactory appraisal. A degree of change is often sought on boards and there should therefore be no expectation of automatic reappointment.
- You should also note that this post is a public appointment or statutory office rather than a job and is not subject to the provisions of employment law.
- To ensure that public service values are maintained at the heart of the HPC, members will be required, on appointment, to subscribe to the HPC Code of Conduct.
- As a member you must demonstrate high standards of corporate and personal conduct. Details of what is required of you are set out in the Code.
- You should note particularly the requirement to declare any conflict of interest that arises in the course of board business and the need to declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies.

## **Disqualification**

### **Criteria for disqualification**

Appointments to many public bodies are governed by regulations which include details of the circumstances in which an individual may be disqualified from holding office. Whilst HPC does not have any regulations which govern appointments, the following paragraphs identify the main circumstances where the NHS Appointments Commission would not appoint an individual to serve as member of a public body:

- i anyone who within the past five years has been convicted of an offence and received a sentence of more than 3 months imprisonment (including suspended sentences), without the option of a fine, and the conviction has not been quashed on appeal;
- ii anyone who is the subject of a bankruptcy order;
- iii anyone who has been dismissed by an NHS body within the past five years, other than by reason of redundancy;
- iv people who have had an earlier term of appointment as the Chair, member, director or governor of a health service body terminated in certain circumstances;
- v anyone who is the subject of a national NHS disqualification or suspension;
- vi anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
- vii anyone who has previously been removed from trusteeship of a charity by the court or the Charity Commissioners.

### **Removal from office of a lay member under the Health Professions Order 2001:**

A person shall be removed from office as a lay member if:

- a) There is a change in his qualifications, interests or experience such that it appears to the Privy Council that he will no longer contribute to the Council's exercise of its functions in such a manner as justifies his continued membership
  - b) He ceases to live or work wholly or mainly in the United Kingdom or, if he has been appointed as a member in respect of one of the countries of the United Kingdom, in that country
  - c) He is removed by a majority of at least two-thirds of the other members of the Council because of a serious and persistent deficiency in his attendance at meetings or in his conduct or performance at meetings
  - d) Such other circumstances as may be provided for by the Council in standing orders occur
-

## **Conflicts of interest**

Any actual or perceived conflicts of interest will be fully explored by the Panel at short listing or interview stage.

# **APPLYING FOR A POST THROUGH THE NHS APPOINTMENTS COMMISSION**

## **ABOUT THE NHS APPOINTMENTS COMMISSION**

The NHS Appointments Commission was established in April 2001 to make all Chair and non-executive appointments to NHS Trusts, Primary Care Trusts and Health Authorities and has also been delegated the powers to appoint members to the Health Professions Council on behalf of the Privy Council.

In setting its remit, the Secretary of State for Health requires the Commission to ensure that all the procedures it uses for recruitment and appointment are open and transparent and take account of the procedures set by the Office of the Commissioner for Public Appointments.

The Chair of the NHS Appointments Commission is Sir William Wells and he is supported by eight Regional Commissioners who are responsible for the integrity of the appointment process.

The Appointments Commission will work with the Health Professions Council to ensure that the process used for the recruitment and selection of members is open and transparent. Although these appointments are not regulated by the Office of the Commissioner for Public Appointments, the Appointments Commission will ensure the process is in accord with the Commissioner for Public Appointments' Code of Practice for Public Appointments. More information about the role of the Commissioner and her Code of Practice is available from [www.ocpa.gov.uk](http://www.ocpa.gov.uk)

*All appointments are made on merit in accordance with the Code of Practice laid down by the Commissioner for Public Appointments who monitors appointments to all public bodies and ensures that all appointments are made on merit after fair and open competition.*

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## **HOW WE WILL HANDLE YOUR APPLICATION**

The advertisement or this application pack will give you details of the specific vacancy for which you can apply.

- We will acknowledge receipt of your application form.
- The short-listing panel will first assess your completed form to see whether you have the general personal qualities and skills specified for the post for which you have applied. The candidates who best demonstrate that they have the specified skills will be selected for interview. We will let you know whether or not you will be interviewed.
- When 30 or more applications are received, your application will be "pre-assessed" before it is passed to the short listing panel for consideration. You should be aware that in this situation, your application might not be considered in full by all panel members.
- Where a candidate is unable to attend an interview on the set date then an alternative date will only be offered at the discretion of the panel.
- Short-listing and interview panels normally consist of three or four members.
- You will be asked questions by the interview panel to assess whether you can demonstrate that you have the qualities specified.
- If, in the view of the panel, you have the skills for the post and are one of the best candidates, your name will be recommended to the board of the NHS Appointments Commission which makes the final decision on all appointment recommendations. All interviewees will be advised of the outcome of the interview.
- If you are successful, you will receive a letter from the NHS Appointments Commission formally appointing you as a member of the Health Professions Council.
- If you are not selected you will be notified by the NHS Appointments Commission.

*We will deal with your application as quickly as possible and will advise you of the likely timetable at each stage.*

**The closing date for receipt of completed application forms is 23 June 2006**

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# **GUIDANCE ON THE COMPLETION OF THE APPLICATION FORM**

## **FORM 1:**

### **Part 1: Your personal details**

As these are public appointments, basic information about those appointed is made public in a variety of official publications including press releases, the NHS Appointments Commission Annual Report, and the Cabinet Office's database of public appointments on the internet. This information includes:

- Full name
- Gender
- Postal town
- Occupation type
- Brief career history/pen picture
- Type and period of appointment
- Remuneration paid
- Details of any ministerial appointments held
- Details of any political activity declared

### **Part 2: References**

Your referees will not be approached unless you are invited for interview.

### **Parts 3: Personal Assessment/Career and experience**

#### **CV**

It may not always be possible to provide all the information we need in the space available on this application form. You should, therefore, attach a 2 – 3 page CV when returning the form. Please keep a copy of the form and any additional information you may send us.

Please make sure that you have read the list of qualities required for the post and any specific requirements before completing your form and preparing your supporting documentation. Your application should include evidence that you have as many as possible of the qualities required.

### **Part 4: Declaration of interests**

Public bodies are expected to maintain a register of members' interests to avoid any danger of board members being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties. All board members are therefore expected to declare any personal or business interest which may influence, or may be *perceived* to influence, their judgement. (This should include, as a minimum, personal direct and indirect financial interests, and should normally also include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner of, or being employed by, a person with such an interest.)

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**Part 5: Declaration**

**FORM 2: MONITORING INFORMATION**

**Parts 1, 2 and 3: Equal opportunities**

We welcome applications from all sections of the community and are particularly anxious to ensure proper representation on boards of women, people from ethnic minorities and disabled people. All appointments are based on merit and the principles of independent assessment, openness and transparency of process.

**Part 4: Ministerial appointments**

Candidates for appointment are required to give full information about any ministerial appointments they hold. You should also include details of any current NHS board appointments you hold. Please ensure that you include full details of the body to which you have already been appointed, the period of appointment and annual remuneration or daily fees paid.

**Part 5: Publication of monitoring information**

Information is collected for monitoring purposes about ethnic origin, disability and political activity to ensure that the appointment process is fair and open. The Department of Health may ask the Appointments Commission to provide statistical information on ethnic origin and disability in response to Parliamentary Questions and other public enquiries. However, in line with Government policy, and in accordance with the provisions of the Data Protection Act, information about the ethnic origin and disability of **individuals** will only be made publicly available with the consent of the person involved. The application form asks individuals whether they are happy for this information to be made publicly available.

**Part 6: Political Activity**

Whether you are politically active in any way will not be a factor in the consideration of your application. Information on political activity is requested as required by the Commissioner for Public Appointments and is used for monitoring purposes only. It is not made available to short-listing or interview panels or to the board of the Commission.

**Part 7: Declaration**

## **DEALING WITH YOUR CONCERNS**

### **In the first instance**

For queries about your application, please telephone the Recruitment Services Centre on 0870 240 3802

### **If you are not completely satisfied**

We aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you feel that you have any complaints about the way your application has been handled, we would like to hear from you.

Please write to:

Sir William Wells  
Chair  
NHS Appointments Commission  
1<sup>st</sup> Floor, Cheapside House  
138 Cheapside  
London EC2V 6BB

## **Discussion topic D**

### **Committee membership**

#### **Background information**

Currently the Health Professions Order 2001 makes provision for four statutory committees which includes the Education and Training Committee and three Fitness to Practise Committees. These committees are largely made up of members of Council, with certain non-Council committee members where particular expertise is required, in some cases specifically by the Order or rules.

In order to ensure good corporate governance the Council has also put in place a Finance and Resources Committee, an Audit Committee and a Communications Committee.

In May 2007 the Council agreed that the three Practice Committees should meet twice a year as a Fitness to Practise Forum, where issues common to all three committees could be considered jointly in the morning, followed by separate committee meetings for ratification of decisions as appropriate.

The Council has also put in place a system whereby professional liaison groups (PLGs) can be established at its instigation to undertake specific project-based work within an agreed timescale

#### **Questions for discussion**

- Should future committee structures have more 'non Council committee members'?
- Should committees always be chaired by a Council member?
- What specific experience or expertise might be required for particular committees (eg: Audit, the practice committees, the Education and Training committee)
- How might the Education and Training Committee be structured, to ensure good professional input into decisions on standards and education?

#### **Additional work that may be required.**

The Council may wish to ask the Executive to undertake additional work on any of the topics identified above, and to bring back further information to its meeting in October.

#### **Appendices**

The current make-up of the Council's statutory and non-statutory Committees –  
Appendix 1

### Committee Membership Requirements

Name of Committee	Total Number of Committee Members	Ratio of Registrant to Lay Members			Max no of Committee Members Required except where indicated *	Minimum Number of Lay People Required per Committee	No of Registered Medical Practitioners Required per Committee
		Registrant	Lay	Co-opted			
<i>1. Education and Training Committee</i>	18	11	6	1	24	1	N/A
<i>2. Audit Committee</i>	6	3	2	1	6	N/A	N/A
<i>3. Finance and Resources Committee</i>	11	4	6	1	12	1	N/A
<i>4. Communications Committee</i>	9	6	3	0	12	1	N/A
<i>5. Health Committee</i>	9	4	4	0	*Not less than 9	1 *(Please see note)	1
<i>6. Investigating Committee</i>	8	5	2	0	*Not less than 9	1 *(Please see note)	1
<i>7. Conduct and Competence Committee</i>	9	6	2	0	*Not less than 9	1 *(Please see note)	1

#### 1. Education and Training Committee

The Council shall appoint not more than 24 members to the Education and Training Committee (the Committee), at least one member of the Committee must be a member of Council. The members shall include at least one member from each Part of the Register and the number of members from each Part must be equal. At least one member must be appointed from each country of the U.K. and that member must live or work wholly or mainly in the country concerned; at least one member must be a lay person who appears to the Council to represent the interests of the patients or clients of registrants or their carers.

(see the Education and Training Committee Standing Orders)

## **2. Audit Committee**

The Audit Committee (the Committee) is a sub-committee of the Council. The Committee shall comprise not more than 6 members appointed by the Council, subject to the following:

- 1) at least one member of the Committee must be an accountant who is qualified to be appointed as a company auditor under the Companies Acts; and
  - 2) no member of the Committee may also be a member of the Finance and Resources Committee of the Council. (Council has agreed that there should be 3 registrant and 3 lay members but also agreed that this should not be written into the standing orders).
- (see the Audit Committee Standing Orders)

Selection is also by means of a separate process from the normal process for ad hoc appointments.

## **3. Finance and Resources Committee**

The Finance and Resources Committee (the Committee) shall comprise not more than 12 members appointed by the Council, subject to the following:

- 1) at least one member of the Committee must be a member of Council;
- 2) at least one member of the Committee must be an accountant who is qualified to be appointed as a company auditor under the Companies Acts;
- 3) the majority of members shall have such qualifications and experience as the Council considers will be of value to the Committee in the performance of its functions;
- 4) at least one member must be a lay member;
- 5) members who are not members of the Council shall be selected in accordance with the guidance issued by the Commissioner for Public Appointments and;
- 6) No member of the Committee may also be a member of the Audit Committee of the Council.

(see the Finance and Resources Committee Standing Orders)

## **4. Communications Committee**

The Committee shall comprise not more than 12 members appointed by the Council, at least one member of the Committee must be a member of Council and at least one member must be a lay member.

(see the Communications Committee Standing Orders)

## **5. Health Committee**

The Council shall appoint no less than 9 members to the Health Committee. 1 member of each Practice Committee shall include registered professionals and other members, of whom one shall be a registered medical practitioner. \*The number of registered professionals on a Practice Committee may, but need not, exceed the number of other members on the Committee and shall not in any case exceed that number by more than one.

Where a person ceases to be a member of a Practice Committee the Council may fill the vacancy and the person appointed shall serve for the remainder of the term of the member he has replaced.

(see the Health Professions Council (Practice Committees) (Constitution) Rules 2003)

**6. Investigating Committee**

The Council shall appoint no less than 9 members to the Investigating Committee. 1 member of each Practice Committee shall include registered professionals and other members, of whom one shall be a registered medical practitioner. \*The number of registered professionals on a Practice Committee may, but need not, exceed the number of other members on the Committee and shall not in any case exceed that number by more than one.

Where a person ceases to be a member of a Practice Committee the Council may fill the vacancy and the person appointed shall serve for the remainder of the term of the member he has replaced.

(see the Health Professions Council (Practice Committees) (Constitution) Rules 2003)

**7. Conduct and Competence Committee**

The Council shall appoint no less than 9 members to the Conduct and Competence Committee. 1 member of each Practice Committee shall include registered professionals and other members, of whom one shall be a registered medical practitioner. \*The number of registered professionals on a Practice Committee may, but need not, exceed the number of other members on the Committee and shall not in any case exceed that number by more than one.

Where a person ceases to be a member of a Practice Committee the Council may fill the vacancy and the person appointed shall serve for the remainder of the term of the member he has replaced.

(see the Health Professions Council (Practice Committees) (Constitution) Rules 2003)

**June 2007**